

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. _____ ICC Office Use Only _____

Please provide the appropriate information in the () areas in the heading below.

Talk.com Holding Corp d/b/a :
Network Services of New Hope :
and also d/b/a The Phone Company :
Application to Amend its certificate to :
to operate as a Facilities-Based carrier of :
Local and Long Distance telecommunications :
services statewide in State of Illinois. :

00-0732

FILED
JAN 11 2007
CHIEF CLERK'S OFFICE

APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 23-2585700

Talk.com Holding Cop. d/b/a Network Services of New Hope and also d/b/a The Phone Company

Address: Street 6608 Route 202

City New Hope State/Zip Pennsylvania 18938

2. Authority Requested: (Mark all that apply) ☒ 13-403 Facilities Based Interexchange
☒ 13-404 Resale of Local and/or Interexchange
☒ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

- ☒ Part 710 Uniform System of Accounts for Telecommunications Carriers
☒ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois
☒ Section 735.180 Directories
☒ Other

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:

- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
- (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
- (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
- (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

5. In what area of the state does the Applicant propose to provide service?

The Applicant currently offers resold long distance service throughout the State of Illinois.
Initial marketing efforts to offer facilities-based services will be targeted to customers in
locations currently served by AmeriTech throughout the State.

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

7. Please check type of organization?

☐ Individual
☐ Partnership

☒ Corporation

Date corporation was formed: May 17, 1989

In what state? Pennsylvania

☐ Other (Specify)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

See Attachment I.

9. List jurisdictions in which Applicant is offering service(s).

Applicant has been authorized to provide resold long distance service in all states except Alaska.
Applicant is authorized to provide local exchange service in all states except Alaska, Mississippi,
Nebraska and Vermont.

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?

☐ YES ☒ NO

If YES, describe fully. _____

12. Has Applicant provided service under any other name?

☒ YES NO ☐

If YES, please list. Initially, the applicant was certificated in the State of Illinois to provide resold long distance service in 1996 as Tel-Save, Inc. d/b/a Network Services of New Hope. In 1999 the company changed its name to Talk.com Holding Corp. d/b/a Network Services of New Hope and also d/b/a The Phone Company.

13. Will the Applicant keep its books and records in Illinois? ☐ YES ☒ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

The Applicant seeks permission as anticipated in 83 Ill. Admin. Code, Part 250 to maintain its books and records outside the State of Illinois. Applicant maintains its books and records at its national headquarters in New Hope, Pennsylvania. Permission to do so was granted by the Illinois Commerce Commission in the Order approving the Applicant's local application. In case it should be necessary for the Illinois Commerce Commission to have access those books and records, the Applicant will facilitate that access at its own expense.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

See Attachment II.

15. List officers of Applicant.

See Attachment III.

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ____ YES ☒ NO

If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Applicant will bill direct for its services. All billing statements will list the Applicant's name, address and customer service toll free telephone number for customer inquiries or concerns.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Complaints may be reported by the customer via the Applicant's toll free telephone number which is 1-888-825-5264. This or a comparable number will appear on the customer's bill and customers may contact this number 24 hours a day, 7 days per week concerning their service or bill. Applicant will be responsible for all customer inquiries and complaints and the toll free telephone number will be provided on the all customer bills and applicant mailings.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ____ NO

20. What telephone number(s) would a customer use to contact your company?

1-888-825-5264

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES ____ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

Applicant complies with the presubscribed interexchange carrier change rules as defined by the FCC. The Applicant does not condone slamming and works with its sales staff and processing departments to ensure that slamming issues do not occur.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 735, 755, 756, 757, 770, and 772?

☒ YES ____ NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ YES ☐ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

See Attachment IV

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? ☐ YES ☒ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

Initially, the Applicant proposes to offer services via UNE-P arrangements. Eventually, customers will be served via UNE facilities connected to a company-provided switch.

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

Applicant currently offers resold local and long distance telecommunications services in Illinois. This service includes basic local service, PBX trunk service, direct inward dialing, optional calling features and listing services. Applicant also offers in- and outbound long distance services utilizing switched and dedicated access. Switched access is available on a presubscription basis from equal access originating end offices. Application also offers operator assisted services. All services are available 24 hours a day/7 days per week. Long distance service is offered as an add-on to the Applicant's local service.

28. Will technical personnel be available at all times to assist customers with service problems?

☒ YES ☐ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? _____ YES ☒ NO

At this time, the Applicant proposes not to provide its own payphone service. Should the Applicant in the future decide to offer pay telephone service to customer owned coin operated providers, the Applicant will comply with FCC and Commission requirements for COPT phones.



George Vinal

Executive Vice President - Business Development

Talk.com Holding Corp. d/b/a Network Services of New Hope
and also d/b/a The Phone Company

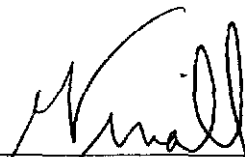
VERIFICATION

This application shall be verified under oath.

OATH

State of Virginia)
County of Fairfax)ss

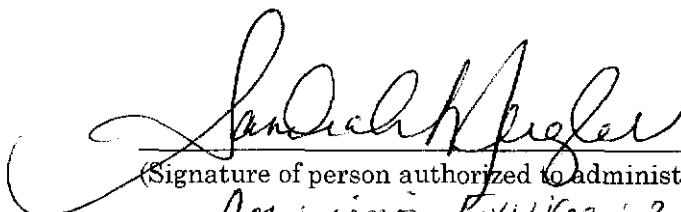
George Vinall makes oath and says that he is Executive Vice President - Business Development of Talk.com Holding Corp. d/b/a Network Services of New Hope that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.



George Vinall
Executive Vice President - Business Development
Talk.com Holding Corp. d/b/a
Network Services of New Hope
and also d/b/a The Phone Company

Subscribed and sworn to before me, a Notary Public/ Executive Assistant to CEO/Chairman
(Title of person authorized to administer oaths)

in the State and County above named, this 16th day of October, 2000.



(Signature of person authorized to administer oath)
Commission Expires: 3/31/01

